Form or	n No. 1034—Revise escribed by Gerral VIII Gerral VIII	nini w t	OUCHER FOR CES OFFIER TH	PURCHAS AN PERS	ESA'	<sub>р.</sub> 0360 <sub>Ви</sub>		00600	140-1			
U. S. Cost Reimbursable								PAID BY				
		(Department, but	reau, or establishment)						БВ	ļ		
Voucher pref	pared at						-			-1		
THE UNITED STATES, Dr., Payee's Account No. 587								SAPC 2802				
To		·(Pa	ayee)				co	PY, O	12			
							_ *			i		
	(A.d	(Address) (City) (State)  ARTICLES OR SERVICES				UNIT	PRICE	AMOUNT				
No. and Date of Order	Date of Delivery or Service	(Enter description, it schedule, and of Discount Terms	em number of contrac ther information deem	t or Federal su ed necessary)	upply	QUANTITY	Cost	Per	Dollars	Cts.		
		Cost							3,361.	21		
			•									
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PAYMENT:										<i>\$</i>		
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	3.361.21			+				12/2	0/55	٠		
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Ву		1/50	ORIGINAL ONLY	Title	Author	ized C	ertify	_				
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	THE REVERSE OF T	HIS FORM MUST BE EXECUTED WI	HEN PURCHASES ARE MADE	OR SERVICES SEC	URED WITHO	UT WRITTEN A	GREEMENT 1	IN ANY FORM				
	ACCOU	NTING CLASSIFICATION	(Appropriation Symb	ol must be sh	own; oth	r classificat	ion option	nal)				
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Check	No	dated	, 19, f	or \$					he United Sta	tes in		
Paid by Cash,			19	Payee			(Sign original	of payee na	med above.	- <b></b>		
*When a vouche	r is signed or receipt	ed in the name of a company of	or corporation, the name	of the person	Pro	nacar	tourn original	TOTO OF				
"John Doe Compa † If the ability to essary; otherwise th	ny, per John Smith, certify and authority he approving officer	ed in the name of a company of section of the company of the compa	one person, one signature pproved for \$	only is nec-	<b>704-U</b> Ti	tle	<b>1</b>		, IU-I	22900-5		
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Standard Form No. 1035—Revised Form prescribed by Comptroller Geographitized - Approved For Releaser Elastic Comptroller Geographitized - September 1880 (Gen. Reg. No. 51, Supp. No. 11)

Services Other Than Personal

## CONTINUATION SHEET

U. S		(Department, bureau, or establishment)	· <del></del>			her No	
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE  Cost Per		AMOUNT  Dollars Ct	
TATINTL		PAYROLL SYSTEM I  Direct Labor Costs properly chargeable to Contract A 101 for the period 11/7/55 through 11/13/55  Week ending 11/13/55 STATIN  Overhead computed at interim rate of Total Labor and Overhead				STATIN	